

RECEIVED

2012 AUG 14 AM 9:04

FEC MAIL CENTER

Committee Name:

NEW YORK HORSE ASSOCIATION

If registered, FEC ID:

Today's Date:

08/09/2012

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Julie Caramante, Treasurer

cc: [illegible]

[illegible text]

12030873642

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
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FEC MAIL CENTER  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐ (Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

NEW YORK HORSE ASSOCIATION

ADDRESS (number and street)

☐ (Check if address  
is changed)

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address  
is changed)

nyhorseassociation@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address  
is changed)

newyorkhorseassociation.tumblr.com

2. DATE

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Julie Caramante

Signature of Treasurer

Julie Caramante

Date

08 / 09 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

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## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

☐

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

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Write or Type Committee Name

NEW YORK HORSE ASSOCIATION

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Paula Bacon

Mailing Address

1504 S. Houston Street

Kaufman

TX

75142

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

972 - 824 - 1073

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Julie Caramante

Mailing Address

1504 S. Houston Street

Kaufman

TX

75142

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

281 - 766 - 4040

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Full Name of  
Designated  
Agent

Paula Bacon

Mailing Address

1504 S. Houston Street

Kaufman

CITY

TX

STATE

75142

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

972

824

1073

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JPMorgan Chase Bank

Mailing Address

811 Preston Road

Dallas

CITY

TX

STATE

75525

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|   |                 |
|---|-----------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
|---|-----------------|

|   |                      |
|---|----------------------|
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked<br>8/9/12 |
|---|----------------------|

|  |                  |
|--|------------------|
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
|--|------------------|

|  |            |
|--|------------|
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |            |

|  |            |
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| <input type="checkbox"/> USPS Express Mail | Postmarked |
|--|------------|

☐ Postmark Illegible

☐ No Postmark

|  |               |
|--|---------------|
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/>            |               |

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|--|-----------------|
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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|---|-----------------|
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
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|---|-----------------|
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
|---|-----------------|

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|---|-------------------------------|
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|---|-------------------------------|

  
**PREPARER**  
(3/2005)

8/14/12  
**DATE PREPARED**

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